PMH21

CLINICAL AND HEALTH-RELATED QUALITY OF LIFE OUTCOMES ASSOCIATED WITH OLANZAPINE IN PATIENTS WITH BIPOLAR DISORDER AS COMPARED WITH HALOPERIDOL

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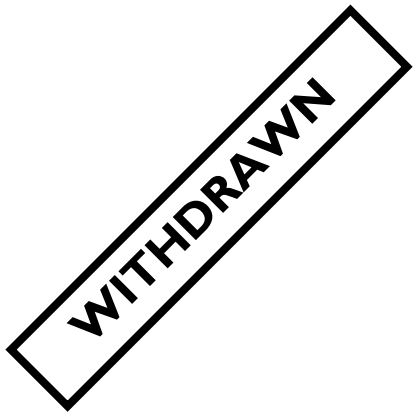
OBJECTIVE: To compare the clinical and health-related quality of life outcomes associated with olanzapine and haloperidol treatment in patients with bipolar disorder.
METHODS: Patients (N = 453) with bipolar I disorder (manic or mixed episode) were randomized to either olanzapine 5–20 mg/day or haloperidol 3–15 mg/day for 12 weeks. The primary clinical outcome was the symptomatic remission rates, as defined a priori by the proportion of patients having a Y-MRS total score ⩽12 and a HAMD-21 total score ⩽ 8, at 6 weeks and 12 weeks. The humanistic outcomes were measured as changes from baseline to endpoint (week 6 or week 12) in the scores of the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36).
RESULTS: Olanzapine-treated patients had a higher remission rate than haloperidol at six weeks (52% versus 46% p = 0.15) and at 12 weeks (52% versus 44%, p = 0.08). At week six, significant changes in five SF-36 domains of general health (p = 0.010), physical functioning (p < .001), role limitations due to physical health problems (p < .001), social functioning (p < .05), and vitality (p < .01), were found in favor of olanzapine-treated patients as compared to haloperidol. At week 12, olanzapine treatment maintained the significantly favorable changes in the same domains with the exception of social functioning. None of the SF-36 domains was in favor of haloperidol at week 6 or week 12.
CONCLUSIONS: Compared to haloperidol, olanzapine treatment was associated with the improvements in the clinical and health-related quality of life outcomes in patients with bipolar disorder. STATEMENT OF SIGNIFICANCE: Compared to haloperidol, olanzapine treatment was associated with the improvements in the clinical and health-related quality of life outcomes in patients with bipolar disorder.

PMH22



PMH23

THE USE OF NEFAZODONE IN THE TREATMENT OF POST TRAUMATIC STRESS DISORDER

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OBJECTIVE: Examine the utilization and daily dose of nefazodone compared to that of three SSRIs (fluoxetine, paroxetine, and sertraline) in the treatment of PTSD and depression at the Dorn Veterans Medical Center, a hospital for military veterans.
METHODS: A total of 1761 patients received an SSRI or nefazodone during the month of December 1999. Fifty patients from each drug group were randomly selected. Information on diagnosis and dose were extracted from the chart and pharmacy records.
RESULTS: PTSD was the primary diagnosis for each drug as follows: Fluoxetine 16%, nefazodone 52%, paroxetine 24%, and sertraline 10%. The average daily dose of each drug for depression vs. PTSD is as follows: Fluoxetine 23.8 mg vs. 31.3 mg; nefazodone 291.7 mg vs. 341.0 mg; paroxetine 24.2 mg vs. 23.8 mg, and sertraline 74.4 mg

vs. 100.1 mg. Differences in doses were tested using linear models with a normal error distribution. Differences in frequency of use were tested using categorical data models (models of population homogeneity). Statistical significance ($p < .05$) was achieved only on the frequency with which nefazodone is used to treat PTSD and depression, as compared to other drugs. Statistical significance of dose differences was not achieved due to a large variation in dosing of each drug.
CONCLUSION: At this medical center, nefazodone is used significantly more frequently for PTSD than the SSRIs. Since severity of diagnosis and outcomes were not included in this study, no conclusion can be made regarding differences in efficacy between the groups. A potential pharmacotherapeutic advantage of nefazodone as a treatment for PTSD is its proposed efficacy in treating disorders commonly comorbid with PTSD, such as depression, panic, anxiety, agitation, and sleep disturbance.

PMH24

HEALTH-CARE RESOURCE USE AMONG CAREGIVERS OF PEOPLE WITH SCHIZOPHRENIA

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OBJECTIVES: With increasing medical costs, the health of schizophrenia caregivers cannot be ignored. This research evaluated health-care resource use among caregivers of people with varying severities of schizophrenia.
METHODS: In June 2000, 376 schizophrenia caregivers from national support groups completed self-administered questionnaires. They reported whether they were hospitalized (17%), visited the ER (19%), or had physicians' appointments (48%) in the past six months. Caregivers rated schizophrenia severity by reporting how often (on a scale from 0 to 4) their patient experienced 23 problems. Scores were then computed as the overall mean. Logistic regression was used to control for other variables that could confound resource use: caregivers' demographics as well as overall mental and physical health; patients' demographics; time with schizophrenia, and antipsychotic use.
RESULTS: Controlling for these confounders, caregivers of people with severe schizophrenia were about three times more likely to have been hospitalized (OR = 2.8, $p < .001$) or to have visited an ER (OR = 3.1, $p < .001$) in the previous six months. The effect of severity on the number of physician visits was not significant ($p = 0.798$).
CONCLUSIONS: Medications and other strategies that help control patients' severity, or that help maintain people at lower severity may reduce caregivers' use of hospitals and emergency rooms and ultimately lower the overall costs associated with treating schizophrenia.

PMH25

MENTAL WELL-BEING AMONG CAREGIVERS OF PEOPLE WITH SCHIZOPHRENIA

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OBJECTIVES: Caregivers' mental health, and the effect of schizophrenia severity, may be critical to patients' quality of care. This research therefore evaluates how the symptoms of schizophrenia affect the mental well being of those providing informal patient care.
METHODS: In June 2000, 376 schizophrenia caregivers from national support groups completed self-administered questionnaires. Mental well being was measured using the SF-12. Schizophrenia symptoms were evaluated as a four-level variable: high negative/high positive (35%); high negative/low positive (17%); low negative/high positive (10%); low negative/low positive (38%). To control for confounders to caregivers' well being—caregivers' demographics and involvement, and patients' demographics and time with schizophrenia—a linear regression model was used.
RESULTS: The mean SF-12 score was 48.7 (SD $\pm$ 10.6). In bivariate, chi-squared analysis, caregivers' mental well being decreased as schizophrenia symptoms increased ($p < .001$). Controlling for confounders, symptom severity remained significant. Caregivers of people with low positive and negative symptoms had average SF-12 scores six points higher than those caring for people with high symptoms ($p < .001$). Even caregivers of people with only high positive symptoms scored about five points higher ($p = 0.015$).
CONCLUSIONS: Caregivers of people with high negative symptoms did not differ from those with both high negative and positive symptoms ($p = 0.616$). Medications and strategies that help control patients' symptoms, especially negative symptoms, can also help caregivers experience more positive well being.

RESPIRATORY DISORDERS

PRP1

A COMPARISON OF SIX PHONE INTERVIEWS DESIGNED TO MEASURE HEALTH-RELATED LOST PRODUCTIVE TIME AT WORK

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OBJECTIVE: To evaluate variations in work-loss estimates by phone interview method.
METHODS: In phone interviews, total work loss estimates were based on three domains: missed workdays; missed hours, and reduced productivity on days at work while not feeling well. Three different phone interviews were developed. Version 1 (V1) included a lengthy direct assessment of work loss. Version 2 (V2) was an abridged version of V1. Version 3 (V3) included a brief indirect assessment of work loss. Two recall periods at one week and at four weeks were also tested. Combining the three versions and the two recall periods yielded six different interviews. A convenience sam-